



Signature:

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY C CFile #: 0003575441

Title 30, Chapters 21 and 25, Idaho Code

For Office Use Only

-FILED-

Date Filed: 7/22/2019 11:35:00 AM

Base Filling fee: \$100.00 + \$20.00 for manual processing (form

	Dase I ming lee. \$100.00	1 \$20.00 for manual processin	g (<u>isin mad be tjpsa</u>).	
1.	The name of the professional limited liability company is: Joseph Yates DMD PLLC			
2.	The complete street and mailing addresses of the principal office is: 3830 South 25th East, Idaho Falls, ID 83404 (Street Address)			
(Minness Address en different)				
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Joseph Yates	3830 South 25	5th East, Idaho Falls, ID 83404	
	Çşeve -	i i i ipropri		
4.	The name and address of at least one governor of the limited liability company:			
Joseph Yates 3		3830 South 2	3830 South 25th East, Idaho Falls, ID 83404	
	Man T (Aukess)			
	Jessica Yates	3830 South 2	5th East, Idaho Falls, ID 83404	
	Neute	visithess)		
	ใหม่ รด <i>-</i>	(Adriess)		
5.	Mailing address for future correspondence (annual report notices):			
	3830 South 25th East, Idaho Falls, ID 83404			
•	(8.7), 4-8/4/2 ×	चेत्रक् _य च		
6.		nited liability company is a professional company, and the principal profession or professions for which members are censed or otherwise legally authorized to render professional services is:		
	Dentistry			
7.	Signature of a manager, member, or	an organizer.	Secretary of State use only	
Pri	nted Name: Joseph Yates			
	1 MM			
Sig	gnature:)		
Pri	Printed Name: Jessica Yates			